Senior Citizens' Secretariat
Newsletter

VOLUME 102 DECEMBER 2002

Holiday Greetings to You and Yours

This year has been a positive and successful year for the Secretariat. With strengthened resources, we have been able to move forward with new projects, increase involvement in research, and expand partnerships with other groups and agencies throughout the province.

With this increased activity, and the ideas and information that naturally come from enhanced relationships, comes new ideas for projects, programs and services, and new ways of increasing involvement of seniors in activities of choice.

This year, 2003, will see us begin Phase II of our Literacy Project, further involvement in the Oral Health Research Project, and continued and new innovative work by special committees: Elder Abuse, Medication Awareness, and Seniors Safe Driving.

The ongoing consultation process with seniors organizations and the Group of IX encourage communication and provide a focus for more in-depth examination of issues that affect seniors.

In addition, the Secretariat will be involved in healthy active living and seniors wellness issues on a Federal, Provincial, and Territorial (FPT) level. These efforts will result in more emphasis on staying well, active, and healthy—moving away from an illness model.

Nova Scotia will host the next Ministers Responsible for Seniors Meeting. This will be an opportunity to highlight ways in which relationships between government, seniors, and non-governmental agencies are enhanced.

As this year ends and a new year begins, you will no doubt reflect in a personal way on where you have been and what has been accomplished. We are also doing this. And we look forward to positive beginnings in a new year with its hope and promise of achievements and exciting opportunities to work with others of similar interests.

Our staff wish you every joy of the season and thank you for your cooperation and involvement during the past year. We very much look forward to the coming year and to your participation as we work together to improve the lives of seniors in Nova Scotia.

Valerie White, Executive Director
Senior Citizens Secretariat

2007-05000/

Health Promotion Clearinghouse

The Health Promotion Clearinghouse is a provincial program that connects people to information and to the supports they need to assist them in their health promotion and population health work.

Our Resource Coordinator will connect you and your organization to other organizations, resource materials, speakers, upcoming events, and resource people in your community.

Topic areas we cover include

- Volunteer Development
- Advocacy/Policy Development
- Physical Activity
- Social Marketing
- Health and Environment
- Using Research in Health Promotion

For more information, contact
The Health Promotion Clearinghouse
c/o Unit for Population Health and Chronic Disease Prevention
5849 University Avenue
Halifax, NS B3H 4H7
Tel: (902) 494-1917
Toll-free: 1-877-890-5094
Fax: (902) 494-1916
E-mail: hpclearinghouse@dal.ca

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065. E-mail scs@gov.ns.ca Website www.gov.ns.ca/scs

An Aspirin® A Day May Keep First Heart Attacks Away

Ask Your Doctor About Taking Aspirin® to Prevent First Heart Attack

If you are at risk of heart attack due to your lifestyle, family history, or both, you should talk to your doctor about the potential benefits of a daily Aspirin® regimen to help reduce the occurrence of first heart attack.

Proven pain reliever Aspirin® is now approved by Health Canada for primary prevention of heart attack. Aspirin® may reduce the risk of first heart attack in individuals who've never before suffered one, but who are deemed by their doctors to be at significant risk due to lifestyle factors or family history, or both.

The more risk factors you have, the greater your chance of developing heart disease. The following are some important risk factors to consider and discuss with your doctor:

Uncontrollable Risk Factors:

- Family history of heart disease
- Diabetes
- Over 50 years old

Controllable Risk Factors:

- High blood pressure
- Obesity
- High cholesterol
- Smoking

A doctor-recommended regimen of Aspirin® has the potential to save the lives of thousands of Canadians every year. Heart attack strikes 75,000 Canadians each year, causing more than 22,000 deaths.

Dr. Anatoly Langer, Cardiologist, Canadian Heart Research Centre, says "Health Canada has confirmed what many doctors have known for some time. The official recognition is important as it will increase confidence among physicians in recommending the use of Aspirin® to help prevent a first heart attack to the benefit of patients at risk."

According to Dr. Langer, news surrounding the indication will further help educate at-risk patients and encourage them to discuss the potential benefits of an Aspirin® regimen with their doctors: "Now those who have a family history of heart attack or who suffer from high blood pressure or cholesterol and feel worried for themselves can attack the problem before it attacks them, so to speak."

Aspirin® has been approved for secondary prevention since 1981. For men and women over the age of 50, the secondary prevention use of Aspirin® may reduce the reoccurrence of a heart attack by up to 26-28 per cent.

Talk to your doctor to determine your risk factors and whether an Aspirin® regimen is appropriate for you.

If your doctor recommends an Aspirin® regimen to prevent heart disease, you should not take ibuprofen for relief of pain. A study published in the New England Journal of Medicine on December 20, 2001, reported that ibuprofen, the active ingredient in pain reliever medicines like Motrin® and Advil®, can interfere with the way Aspirin® works to help protect against heart attack.

Patients on a doctor-recommended Aspirin® regimen for cardiovascular disease prevention can take additional Aspirin® for effective relief of moderate to high-end pain of headaches including migraines; backaches and associated muscle spasms; arthritis, muscle, and joint pain; fever and the pain of colds and flu; toothaches and menstrual cramps.

Source: Health Canada

Internet Use Still Growing, says StatsCan

Canadian Press

More than half the people who used the Internet from home last year were looking for news sites or government information, says Statistics Canada. Sixty per cent sought medical or health-related information and half of regular home users had a family member who played games, the agency said Thursday in its household Internet use survey.

- 68% of Canadians have Internet access
- 57% have Internet access through their homes
- 5% of these Canadians are 65 and over
- 64% of the 65+ group are males and 36% females
- 7% of Atlantic Canadians have Internet access, compared with 39% in Ontario
- 38% of the Internet users have incomes over $75,000
- 55% have degrees

Atlantic Canadians have the lowest penetration of Internet users.

Other uses:

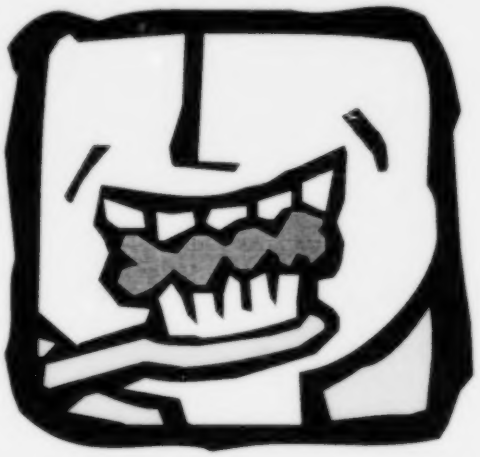
- 25% of households used the Internet for work-related business
- About 900,000 households reported one member regularly used the Internet for self-employment
- An estimated 30% of households used cable for Internet access. The majority of the remaining households used a telephone line.

Source: Canadian Press
July 26, 2002

The Oral Health of Seniors Project is launched

The Oral Health of Seniors Project is sinking its teeth into an important issue: seniors and their oral health.

On the plus side, we know that several factors, including continued use of fluoride in our drinking water and increased awareness about proper dental health, has lead to a growing number of seniors keeping their teeth for life. However, we don't know if existing health services can continue to meet the needs of seniors. "It's an important issue. Oral health substantially affects overall health and quality of life," says Dr. Mary McNally, co-principal investigator of the project and a member of the Faculty of Dentistry at Dalhousie University.



"Low incomes, lack of appropriate dental care services, and lack of health insurance for dental services has created poor oral health conditions among many seniors. For example, 75 per cent of senior men and 83 per cent of senior women in Canada do not have dental insurance. With more than 13 per cent of Nova Scotia's population over the age of 65 and often living in rural areas, the need for an evaluation of oral health services and development of an effective health services model is critical," notes Dr. McNally.

This two-year project will identify the key components of a health-services model, based on continuity of care, which will improve the oral health of seniors in Nova Scotia. The project will

- examine continuity of care in the delivery of oral health services for seniors in Nova Scotia
- determine barriers and opportunities in the use of oral health services for seniors by analyzing the experiences and lessons learned in existing systems in Canada and elsewhere
- develop strategies for financial, organizational, and policy interventions and a model for continuity of care that will improve the provision of oral health services in Canada in both the public and private sectors
- communicate and disseminate the model, findings, and implementation strategies for improved quality of health service

"This project breaks new ground and will have implications in a number of fields," says Dr. McNally. For researchers, information from this study will fill a large gap. There is presently a dearth of research in Canada on this subject. This project will bring the issue to the forefront and encourage more oral health services research in Nova Scotia and other parts of Canada. For direct and indirect care providers, the findings from this project will affect policy and program development, and create the potential for improved access for seniors to oral health care services. Improved access to oral health care will ultimately affect senior's general well being and overall health.

The project team includes decision-makers from Dalhousie University, University of Toronto, Manulife Financial, Nova Scotia Dental Association, Nova Scotia Seniors Secretariat, Nova Scotia Dental Hygienists Association, and Northwoodcare Inc. Within the province, these partners represent all sectors of the public/private oral health care system. Within Canada, these partners have numerous associations with other organizations and governments. This will help results from the study find their way into the hands of people around the country and around the globe.

The need for this Oral Health of Seniors Project evolved from discussions between the Faculty of Dentistry at Dalhousie University and the Atlantic Health Promotion Research Centre. The idea grew into a successful letter of intent to the Canadian Health Services Research Foundation and an invitation to submit a full proposal. The Nova Scotia Health Research Foundation, Nova Scotia Department of Health, and Nova Scotia Dental Association supported the proposal development and the project team was subsequently awarded national funding from the Canadian Health Services Research Foundation. Along with this national support, funding partners for the project include the Nova Scotia Health Research Foundation, the Nova Scotia Dental Association, the Canadian Dental Association, Manulife Financial, and the Drummond Foundation.

For additional information about this project, please visit <www.medicine.dal.ca/ahprc/oralhealth> or call (902) 494-1501.

Keeping track of diabetes

The Centre for Evaluation of Medicines at McMaster University in Hamilton, Ontario, is currently developing COMPETE II, a comprehensive "communications system" for diabetics. The system includes the Diabetes Tracker, a computerized device that monitors a diabetic's day-to-day life and informs him or her by phone when it is time to refill medications and schedule a medical appointment.

The Tracker will store pertinent information, such as the patient's glucose levels, blood pressure, and medications, and also provide patients with feedback on how to improve their blood sugar levels. The Diabetes Tracker will ultimately enable patients to take a greater role in managing their condition and overall health.

Source: McMaster University, Hamilton, ON

Chronic Pain and Nerve Damage

Chronic pain is the number one reason that people seek help from alternative medicine. Of the types of chronic pain that people suffer from, one of the most debilitating is the pain caused by damage to nerve fibers. This type of pain is characterized by pain from stimuli that are not normally painful, increased sensitivity to temperature and/or light touch, and often pain that radiates to the arms and legs. Activity level and enjoyment of life can be severely restricted. This can be very frustrating for both the patient and the treating physician. Fortunately, new natural treatments are now available for this type of chronic pain.

Causes of Nerve Damage

Nerves are sensitive to damage in many ways. For example, many chronic diseases can lead to nerve damage. **Diabetic neuropathy** occurs when high levels of blood sugar damage nerves and circulation over time. **HIV neuropathy** is a common condition in those struggling with the long-term immuno-suppression of HIV infection. Also, many sufferers of **Fibromyalgia** seem to have sensitized nervous systems and the symptoms of chronic nerve inflammation.

Viral Infections are another common cause of nerve damage. The herpes zoster virus causes **Shingles**, a very painful condition in which the virus infects nerve endings, typically on the abdomen or back. This is usually accompanied by a localized rash, and can recur repeatedly, especially in the elderly and immuno-compromised. If not treated quickly (some studies say within the first 24hr) **Post Herpetic Neuralgia** can develop, which is a very painful chronic condition caused by the nerve damage inflicted by the viral infection.

Exposure of nerve tissue to chemical toxins can also lead to chronic pain syndromes. This could include exposure to industrial chemicals or heavy metals known to possess neurotoxicity. Pharmaceuticals used to treat cancer patients may result in **Chemotherapy Induced Neuralgia**. These drugs are potent anti-tumor agents that are toxic to cancer cells. Unfortunately, in some cases nerve cells are permanently damaged as a side effect of cancer chemotherapy treatment, leading to chronic pain.

Finally, many types of trauma can damage nerve fibres. Over the years I have seen many examples of this, such as electric shock, frostbite, falls, and motor vehicle accidents. Any time the vertebral spine is compressed, nerve irritation and damage can result. This can occur at any location in the spine, but in the low back is known as **Sciatica**. Sometimes, even relatively minor injuries can lead to chronic pain when there is damage to the specialized nerve fibres of the sympathetic nervous system. This is known as **Reflex Sympathetic Dystrophy (RSD)**.

Nutrition and Chronic Pain

There are many studies documenting the antioxidant, ant-inflammatory, and neuro-protective properties of foods and nutritional supplements. For example, people who consume moderate amounts of soy products (known to possess antioxidant activity) and also vitamin C supplements, have been shown to have less chance of nerve damage due to trauma. This is

important also for those that are prone to nerve damage from chronic disease or chemotherapy. Eating foods high in antioxidants, such as dark pigmented berries (blueberries, raspberries etc.) and antioxidant supplements such as green tea catechins, has been shown to spare nerve fibers from potential damage.

Also, nutrients that promote a healthy functioning nervous system are important. The B vitamins, especially B12 and folic acid, are crucial for nerve cell protection and regeneration. There are many case reports indicating that even chronic nerve pain may respond to vitamin B12 injections. Also, magnesium supplementation has been shown to decrease the need for analgesics in post-operative patients, and to be helpful for migraine sufferers. Finally, nerve conduction and repair rely heavily on a steady supply of essential fatty acids. Omega 3 oils (EPA and DHA) and gamma-linolenic acid (GLA), have shown benefit in the prevention and treatment of neuropathies.

Treatments

In a survey, 77 per cent of North Americans agreed with the following statement: "I would rather try natural pain relief techniques before medication." Why? Certainly many find that the side effects caused by the pharmaceuticals used to treat chronic pain are a concern. These side effects may include sleep disturbances, mood changes, and addiction. Also there is the issue of the long-term effects of these drugs on the immune system and internal organs such as the liver and kidneys.

Recently, a new natural topical treatment for chronic nerve pain has become available. It was discovered in a survey of over 200 essential plant oils, known to be used historically for pain. The pain relief was almost immediate, and lasted up to four hours.

Following this discovery, the active ingredient was tested in a multicenter study for safety and efficacy in the treatment of **Post Herpetic Neuralgia**. The results showed that pain relief was substantial in over two-thirds of patients. Side effects were minor, and no different than those of the mineral oil placebo.

This discovery has already benefited many chronic pain patients, as noted in these concluding comments:

"I received a sample from my Doctor … relief was immediate, Thanks" Carol P, PHN

"Nothing has relieved the pain for me as consistently, as safely, with as much ease of use" Kathleen G., RSD

"Has literally prevented me from using a morphine medication, thus reducing the unpleasant side effects of opioids" Judy M, RSD

This geranium oil treatment, called **Neuragen™RL** , is manufactured by Halifax-based Origin BioMedicinals Inc. It is available through many naturopathic physicians, through Great Ocean Natural Food Market in Halifax, and Don Kyte's Pharmasave at 920 Cole Harbour Road in Dartmouth. It can also be ordered directly from the company at 888-234-7256 or through the website <www.originbiomed.com>.

Alexander McLelland, ND, is a Naturopathic Physician practicing in Halifax (902-830-4409).

"The follies which a man regrets most in his life are those which he didn't commit when he had the opportunity." *Helen Rowland*

Meeting the needs of an aging population

Dr. Janice Keefe, an associate professor with the Department of Family Studies and Gerontology, has been awarded a Canada Research Chair in Aging and Caregiving Policy, valued at $500,000. This is the first of five research chairs awarded to the Mount through a federal government program designed to foster research excellence at Canadian universities. The prestigious award allows Keefe to put most of her focus on mentoring graduate students and conducting research on aging and caregiving.

Keefe's area of particular research is in caregiving and the sociological aspects of aging.

In addition, a new Maritime Data Centre for Aging Research and Policy Analysis will be located at the Mount. The $230,000 required to set up this facility was awarded to Keefe jointly by the Canada Foundation for Innovation and the Nova Scotia Research and Innovation Trust Fund. The lab will allow Keefe and graduate students to conduct more sophisticated analysis of the data collected on home care, caregivers and the future of the health care system as the Canadian population ages, and then to translate this analysis into practical tools.

Source: FOLIA MONTANA
Mount Saint Vincent University

Books

Understanding Migraines

Over three million Canadians suffer from migraine. Yet almost half of these people never seek treatment.

In *Migraine*, author Valerie South, RN, outlines treatment options available both with and without medication. In this fully updated edition, she examines the identification and avoidance of migraine triggers, steps for self management, and complementary therapies such as meditation, massage, acupuncture, and yoga.

Complete with informative case studies, *Migraine* offers valuable, in-depth information on the medical nature of this condition.

Migraine is published by Key Porter Books. For more information, call (416) 862-7777.

Meeting the challenge of parent care

It's an experience shared by almost everyone at some point in our lives: when parents reach a certain age, and are unable to cope the way they used to. Baby boomers find themselves wondering how to provide them with the love, care, support, and attention they need.

Parenting your Parents: Support Strategies for Meeting the Challenge of Aging in the Family examines the lives of 15 families who are encountering the role of caregiving.

The book is co-authored by Dr. Michael Gordon, one of Canada's most eminent geriatricians, and Bart Mindszenthy, a regular contributor to *Canada's Family Guide to Home Health Care & Wellness Solutions*. It provides a mix of practical advice, insight, and experiences.

Parenting your Parents is a valuable resource for health care professionals to share with their clients. It is published by Dundum Press. For more information, visit <www.dundurn.com>.

The Information Resource Centre at the Senior Citizens' Secretariat has a copy of the book available for loan.

Also of interest, the Centre has a copy of *Caring for Your Parents in Their Senior Years: A Guide for Grown Up Children*, by William Molloy, 1996.

Beating Depression

Written by Dr. J. Raymond DePaulo, Jr., *Understanding Depression* is an informative handbook for anyone dealing directly or indirectly with the condition.

Through case stories from his own patient files, Dr. DePaulo illustrates how to recognize depression in all its forms and guises, describing the causes of depression and common behaviours associated with the condition.

Dr. DePaulo attempts to put depression in perspective, discussing its origins in the brain and links to other conditions. The book also features a description of the full range of proven therapies, both mainstream and alternative, that are currently available.

This handbook is a useful resource for health care professionals who want to better understand the nature, causes, effects and treatments of this silent condition.

Understanding Depression is available in bookstores across Canada.

Sobering realities

Assisted Living: Sobering Realities is an extensive investigation into the current issues surrounding assisted living centres in North America.

Editor Benyamin Schwarz, PhD, has compiled a collection of academic writings written by researchers in the field, complete with the most up-to-date research on the subject. With the examination of each topic, authors provide the reader with findings from recent studies and a provocative discussion of the results.

Some of the topics include the idea of "getting old" in assisted living settings, the notion of home, and the unmet housing needs for low-income elderly.

Assisted Living: Sobering Realities is published by Haworth Press.

Investigating the potential for improving the quality of life for seniors and reducing health care costs were the goals of a pilot project initiated by Sudbury, Ontario's Mayor and Council's Committee on Seniors' Issues. Regular exercise can help maintain muscle, bone strength, and flexibility, as well as reducing the risk of falls and injury among seniors.

10 Steps to Better Sleep

Give yourself "permission" to go to bed. As hard as it may be to put away your "to do" list, make sleep a "priority." You'll thank yourself in the morning.

Unwind early in the evening. Try to deal with worries and distractions several hours before bedtime.

Develop a sleep ritual. Doing the same things each night just before bed signals your body to settle down for the night.

Keep regular hours. Keep your biological clock in check by going to bed around the same time each night and waking up close to the same time each morning—even on weekends.

Create a restful place to sleep. Sleep in a cool, dark room that is free from noises that may disturb your sleep.

Sleep on a comfortable, supportive mattress and foundation. It's difficult to sleep on a bed that's too small, too soft, too hard, or too old.

Exercise regularly. Regular exercise can help relieve daily tension and stress—but don't exercise too close to bedtime or you may have trouble falling asleep.

Cut down on stimulants. Consuming stimulants, such as caffeine, in the evening can make it more difficult to fall asleep.

Don't smoke. Smokers take longer to fall asleep and wake up more often during the night than non-smokers.

Reduce alcohol intake. Drinking alcohol shortly before bedtime interrupts and fragments sleep.

Source: Better Sleep Council

Flu Season Cometh - Be Prepared

Influenza is caused by influenza A and B viruses and occurs in Canada every year, usually during the late fall and winter months. The usual symptoms of influenza are sudden onset of fever, chills, cough, sore throat, sore muscles and joints, headache, and tiredness. Influenza can cause severe illness and even death, especially in people over age 65 and those with chronic illness. Every year in Nova Scotia over 2500 hospitalizations and over 400 deaths are the result of influenza infection.

Influenza vaccination is the best way to prevent influenza and its complications. Since influenza viruses change themselves from year to year, vaccination needs to be repeated every fall. In Nova Scotia the vaccine is available at no cost to people considered to be at higher risk getting severely ill from influenza. Those at "high-risk" include

- people 65 years of age or over
- people who live in nursing homes and other chronic care facilities
- adults and children with chronic lung or heart diseases, diabetes, cancer, kidney disease, HIV, immune deficiency, anemia
- children and adolescents treated for long periods of time with Aspirin*
- house hold contacts of the above groups
- health care workers (including volunteers in hospitals, long term care facilities, and home care organizations)

The only people who should not receive influenza vaccine are people who have severe or anaphylactic allergies to eggs or who have had a severe allergic reaction to a previous dose of influenza vaccine.

Every fall, starting in mid-October, influenza vaccine is available at no cost at family doctor's offices and community clinics. Watch your local newspaper and listen to your local radio and TV for the provincial " Flu Launch" date and the times and locations of local clinics. Although October and November are the best months to

get influenza vaccine, if you miss these times it is still important to immunized during the early winter before the influenza season arrives.

It is also important to remember that if you are in one of the "high-risk" groups there should be no cost at all for you to get influenza vaccine at your doctor's office or Public Health clinic.

Along with having "high-risk" people immunized, prevention of influenza in "high-risk" people also requires steps to reduce their exposure to influenza viruses. The main way to reduce the exposure of high-risk individuals is to immunize their close contacts—household members and care givers. If household members and care providers are not immunized against influenza then they are putting "high-risk" people at increased risk of influenza and its complications. Take the initiative and ask household members, as well those who provide care to you (whether it is in your home, at an office, or in a facility) "have you had your flu shot?"

If you are a volunteer to "high-risk" people in their own homes or in a care facility it is your responsibility to be immunized to protect them. Don't take the risk of bringing the "flu bug" to those you are trying to help.

There are many myths about influenza vaccine but in reality it is a very safe and well-tolerated vaccine.

- Can influenza vaccine can give people influenza?

  No, the manufacturing process kills the virus particles in flu vaccine, so the vaccine cannot cause an influenza infection.

- I got influenza vaccine last year and still got influenza symptoms. How?

  Possible explanations for getting influenza-like illness despite being vaccinated are

  1. The vaccine did not give full protection and the person got true influenza. This will happen to a few people, but without vaccination the illness would probably be much more severe.
  2. Many other viruses give people flu-like symptoms. Influenza vaccine does not prevent these other illnesses; it only protects you against true influenza. The inflenza-like symptoms are probably due to infection by another virus.

- Is it true that the side effects of influenza vaccine are worse than the flu?

  No, especially for the group which is at greatest risk of illness and death. Most people experience few or no side effects. A recent study showed that flu vaccine produces no increase in flu-like side effects or disability in the elderly. Taking acetaminophen shortly after your flu shot may decrease the frequency of common side effects such as redness, pain, and swelling at the injection site.

  If you do experience the rare flu-like side effects, they will usually disappear in 24–48 hours, while the flu can last for 10 days or more and may leave you feeling unwell even longer. Also, a true case of influenza always leaves open the possibility of complications, such as pneumonia, and even death.

In summary, if you are 65 years of age or older, or in one of the other "high-risk" categories, then the best way to protect yourself from influenza is to have yourself, and your close contacts (household members and care givers), immunized every fall.

Source: Robert Strang, Medical Officer of Health Department of Health

From the Inside Looking Out

Jeanette Auger and Diane Tedford-Litle

This book has been written from the perspective of older persons as the authors believe these voices are as important and as necessary as those of a gerontologist when documenting the aging experience. There can be a number of contradictions between the "realities" of aging produced by professionals and the subjective experience of older persons as they live their everyday lives. This book was written in order to recognize the contributions of older persons to the gerontological enterprise and to their communities, and to evaluate some components of the discipline from their perspectives and to include the voices and experiences of under-represented older persons such as those from Black and Aboriginal communities. Through the collection of literature, the conducting of focus groups throughout the province, chat rooms on the internet, advertising in senior publications and the distribution of questionnaires, the authors have produced a book full of the richness of individual stories from the many different perspective encountered along the way. The authors have mixed and matched the gerontological theories on aging together with the perspectives of those living the experience. They do not always agree.

The authors seek to overcome the "us" and "them" dichotomy that characterizes much of the literature on aging. By asking older people to talk of their experiences and treat this information as valuable, the authors have presented a tool that can be used to begin such a process. This is a good read not only for those in the fields of sociology, gerontology, theology, etc, and in the caring fields but, indeed, for all of us as we take this journey of aging.

Jeanette A. Auger is an associate professor of sociology at Acadia University in Nova Scotia. She has been teaching for twenty-six years and has worked with older persons for the past thirty as a researcher, community organizer and developer, and social planner. She is the author of Social Perspectives on Death and Dying published in the Spring of 2000 by Fernwood Publishing.

Diane Tedford-Litle is a women's activist and palliative care volunteer with the Victorian Order of Nurses in Nova Scotia. She has volunteered with a number of organizations including the Seniors Network, the Hospice Consultation Committee, and the Gerontology Association of Nova Scotia.

252PP Paper ISBN 1 55266 070 2 $24.95
Fernwood Publishing, Halifax. 2002.

Source: Jeanette A. Auger, Acadia University

Blood Pressure...

Is yours on the rise?

If you are between the ages of 55 and 65—and especially if you aren't taking good care of yourself—you could have a 50% to 90% chance of developing high blood pressure within the next 10 to 25 years (if you don't already have it).

High blood pressure can eventually lead to heart attack, stroke, and kidney problems.

The good news: If you follow a healthy eating plan that includes foods lower in salt, maintain a healthy weight, are physically active, and drink alcohol in moderation, you could completely dodge this blood pressure bullet.

Make sure you are monitoring your blood pressure regularly. If either number gets as high as 140/90, talk to your doctor about making appropriate lifestyle changes and whether medication would be right for you.

Source: Journal of the American Medical Association, Vol. 287, Pg. 1003

"In order to be an immaculate member of a flock of sheep, one must above all be a sheep oneself."
Albert Einstein

Just Ask

When picking up prescription medicines, your pharmacist should give you basic information about the drug and the directions for taking it.

If you do not get this information, be sure to ask:

- How and when do I take it—and for how long?
- What foods, drinks, other medicines, or activities should I avoid while taking this medicine?
- Are there any side effects, and what do I do if they occur?
- Will this prescription work safely with the other prescription and nonprescription medicines I am taking?
- Is there any written information available about this medicine?

Source: National Council on Patient Information and Education

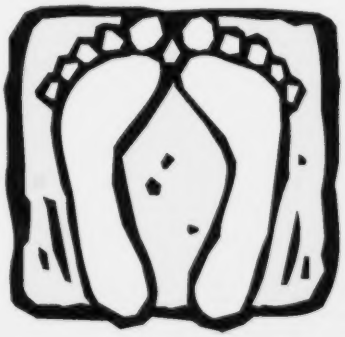
For Aging Feet

As we get older, we lose the protective fat pads on the bottoms of our feet—but the right socks can help keep feet comfy.

Socks with a built-in padding cost a little more, but if you do any amount of walking or standing, they're worth it.

Several brands you can look for: Thorlo's Lite Walking Crew and Wigwam's Ultimax Performance Walking Crew.

Source: *Looking Forward* Fall 2002, Vol. 15, No. 5



CSA Pilot Consumer Network on Aging Issues Survey

September , 2002

CSA Consumer Services conducted a second survey of its Pilot Consumer Network on Aging Issues. The results of this survey will be used to help CSA identify specific products where a standard could be created to help mitigate some of the issues highlighted by survey responses and to prioritize their involvement in standardization activities related to Canada's aging population.

Following is a brief summary of the results of the survey:

- 80% of respondents reported that assistive devices generally meet the needs of older adults who use them
- 90% of respondents claimed that assistive devices have helped to increase or maintain seniors' quality of life; 80% reported increased independence resulting from the use of assistive devices
- 48% of respondents identified assistive devices that may be difficult for older adults to use—difficulties often result from inadequate training and instruction regarding installation, use, and maintenance of devices
- more than 1/3 of respondents identified assistive devices that pose safety hazards for older adults—mobility devices with wheels were most commonly cited
- a number of respondents claimed that improvements to instructions accompanying assistive devices are needed—instructions should be written in plain, non-technical language to ensure they may be easily understood by a diverse population of consumers
- 88% identified barriers to the use of assistive devices by older adults including perceived stigma attached to use of assistive devices, expensive purchase prices, and inability to access adequate information and training on assistive technology

Recommendations

a) CSA has standards for some of the assistive devices identified by the Consumer Network on Aging Issues, such as wheelchairs and scooters. There is a need to undertake additional work to see what might be needed to put the CSA 8659-01 Design for Aging standard into practice for this product sector. Further study should focus on modifications to existing standards.

b) Development of new standards may be required to address complaints with assistive devices that CSA does not currently have standards for. It is suspected that electronic aids offer the largest potential for standards development

c) Changes need to be made to consumer information and instructions for installation and use of assistive devices to ensure consumer materials are user-friendly and accessible to all consumers.

d) Concerns were also raised regarding compatibility between assistive devices and the residential environment (e.g. inability for wheelchairs to fit through narrow doorways). The CSA 8651 Barrier-Free Design standard proposes technical design guidelines to ensure that interior and exterior facilities provide accessibility, usability, and safety for all users, including the aging population and persons in temporarily disabling situations or conditions. There is a need to undertake additional work to facilitate the implementation of barrier-free design guidelines into common practice, particularly in the residential environment.

Source: Canadian Standards Association Consumer Services

"When you have nothing to say, say nothing." *Charles Caleb Colton*

A Day of Terror Memorial

September 11th left a question of my faith in God right after the terrorist attack on America. My question was, "Where is your God today?" People all over the world were very hurt, as all Americans were, so I tried not to react defensively. Since that moment I have prayed and grieved over the disastrous events. However, I believe I have the answer. I know where my God was the morning of September 11th, 2001! He was very busy.

First of all, he was trying to discourage anyone from taking this flight. Those four flights together held over 1,000 passengers and there were only 266 aboard.

He was on four commercial flights giving terrified passengers the ability to stay calm. Not one of the family members who were called by a loved one on one of these highjacked planes said that passengers were screaming in the background. On one of the flights he was giving strength to passengers to try to overtake the highjackers.

He was busy trying to create obstacles for employees at the World Trade Center. After all, only around 20,000 were at the towers when the first jet hit. Since the buildings hold over 50,000 workers, this was a miracle in itself. How many of the people who were employed at the World Trade Center told the media that they were late for work or they had traffic delays.

He was holding up two110-story buildings so that 2/3 of the workers could get out. I was so amazed that the top of the towers didn't topple when the jets impacted.

Although this is without a doubt the worst thing I have seen in my life, I can see God's miracles in every bit of it. I can't imagine going through such a difficult time and not believing in God. Life would be hopeless.

Source: Scot Saunders, Berwick
Grandson of Greta West and Marjorie Saunders
Used in Berwick Memorial Service
September 11, 2002

Regular Pap Tests Save Lives

"Scoot down a little..." You can almost feel your feet in those cold stirrups, can't you? While the thought of having a Pap test may evoke different feelings in each of us—embarrassment for some, a touch of queasiness for a few, and a nuisance for others—regular Pap tests are one way, as women, we can look after our health.

Regular Pap tests prevent approximately 95 per cent of all cervical cancers, but almost 60 per cent of Nova Scotian women do not have regular Pap tests. Why?

"Women have different reasons," said Janice Rambeau, one of about 30 nurses who are performing Pap tests in Nova Scotia. "Some find the test embarrassing, especially if their doctor is male, and some may be uncomfortable asking him a lot of questions. Others have difficulty in finding transportation to an appointment, arranging babysitting, or getting time off work. Our job is to reach out to these women and work with them to meet their needs."

Janice, together with Josephine Barron, a licensed practical nurse, is working with communities in Ingonish, Bay St. Lawrence, Meat Cove, and Dingwall to meet the needs of unscreened and under-screened women and to educate them about the value of regular Pap tests in preventing cervical cancer.

They work with communities to find out what works for them. In Bay St. Lawrence, for example, Well Woman Clinics are not scheduled during fishing season, and when they are held, the Community Health Centre is the place of choice. In Dingwall, however, a portable examination table is brought in and set up in a meeting room at the community church.

"A church meeting room wouldn't necessarily have been our choice," said Janice. "But, it was what the community wanted and the response was overwhelming. We started at 6 pm and were going steady until after 10 pm. We know we're making a difference when we regularly see women who have not had a Pap test in 8, 10, 12, or even 14 years."

"Well Woman Clinics provide women with another option and open the door to other concerns they want to discuss, things like menopause and sexually transmitted diseases," said Josephine, who provides education sessions to community groups and coordinates the scheduling of Well Woman Clinics, which include Pap testing, education about cervical cancer and breast self examination, and information about a variety of issues related to women's health.

Janice and Josephine credit their success to teamwork and the support they receive from the doctors in the community, the community hospital, and the women in the communities they serve. "One of the doctors actually loans me his office, after hours, so that women who are more comfortable in that environment can see me there," said Janice.

Well Woman Clinics meet the needs of many women, but Janet and Josephine agree that they do not replace the role of the family doctor. "I explain to women that Pap tests only examine the cervix, and advise them that if they are experiencing symptoms or have other concerns, they should see their doctor," said Janice.

Interested in finding a Well Woman Clinic in your community or in learning more about Pap tests? Call the Gynaecological Cancer Screening Program at 1-888-480-8588.

Sidebar:

Nova Scotia guidelines advocate that all women 18 years and over, or earlier if they are sexually active, have annual Pap tests. Each year during Pap Test Awareness Week, Cancer Care Nova Scotia's Gynaecological Cancer Screening Program works with community groups and organizations, including the Department of Health, the Medical Society of Nova Scotia, Canadian Cancer Society – Nova Scotia Division and others to raise awareness about the benefits of regular screening.

Source: Heidi Little, Cancer Care Nova Scotia

In View of Blomidon

On Saturday, September 21, 2002, Tideways celebrated its twenty-fifth anniversary with due modesty but justified joy. The 63-unit cooperative housing complex on the East end of Wolfville opened its doors to residents age fifty and over in 1977. Though Nova Scotia led all of Canada with cooperatively-built houses going back to the 1930's, Tideways was the very first continuous cooperative housing in our province.

Tideways was conceived in the mind of Mary Black, noted teacher and professional weaver who was the province's official promoter of crafts following the War. Its three-building complex is owned and operated by Wolfville Habitat Co-operative Ltd. It provides a beautiful addition of gracious living for people of moderate means to Wolfville as a retirement community.

A framed print of the schooner Bluenose from the Minister of Community Services and a copy of a painting by local artist Jean Hancock from the Mayor of Wolfville suitably mark the anniversary for the residents. Honoured by Tideways on this occasion were Doreen Tillotson, first president and later first manager; Harry Davis and Vaughn Marriott, two exceedingly helpful service professionals; also Dot Hancock and Jerry Morine who contributed greatly to the social life of Tideways through the years.
The President, Neil Price, presented the Manager, Bill Townsend with a certificate marking 20 years as manager. A certificate of appreciation was presented to Russell Elliott, Chair of Anniversary Committee.

Source: Rev. Canon C.R. Elliott, D.D. Wolfville, NS

" Young men think old men are fools. But old men know young men are fools." *George Chapman*

Grey Power Party

It would be very difficult for anyone to disagree with the editorial, Seniors Owed an Apology (Aug. 31). The editorial is a clear message about the insensitivity of governments in addressing the concerns of seniors.

The writer states that the rise of organizations such as Grey Power is understandable. I am of the opinion that another organization such as Grey Power is not the only option. At present we have a number of organizations that require more active memberships to move our agenda to the fore.

Strengthening existing clubs and using our collective energies to work on behalf of seniors would be a more effective solution. My experience suggests that one thing that moves politicians and governments is numbers of people voicing their opinions.

Most seniors clubs are driven primarily by social activities. Although this is important, equally important are the other factors that have an impact on our quality of life: pensions, health care, home care, Pharmacare, and the like.

I am a member, representing the Steelworkers Pensioners Club, of the Cape Breton Council of Senior Citizens and Pensioners. The council was formed in 1972. Seniors such as Evan Scott and Matilda LeBlanc have been advocates for many years. One cannot forget the late George MacEachern, Bertha Frison, and John Clarke.

Today the council continues to be vigilant in speaking against the erosion of Canada's social programs, especially the ones that affect seniors. In September our president, Nelson Muise, presented a brief to the Nova Scotia Utility and Review Board on motor vehicle insurance.

The council, as an organization, does not support a particular political party: We must work with the governments in power to achieve our aims. We do network with the Nova Scotia Federation of Senior Citizens and Pensioners, the national federation (parent body), and the Senior Citizens' Secretariat. These groups help to present briefs to governments on our behalf.

What a powerful lobby group we could become.

If you, as a senior, are dissatisfied with present leadership or a club's activities, you have a responsibility to do something about it—but within existing clubs. Together we must find strategies that will move our concerns forward to become a higher priority for government. This is where we must concentrate our collective energies, not in building more organizations.

Dan Yakimchuk, Ferris Street, Sydney

Source: Cape Breton Post
September 7, 2002

New Publications

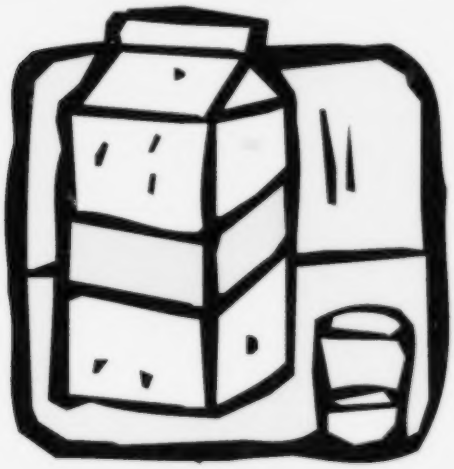
Lifeline Systems Canada announces the latest title in their educational folder series. *A Take-Charge Guide to Safe Living with Osteoporosis* is now available for distribution.

For further information, contact:
Tel: 1-800-387-8120
Fax: 1-800-313-8120
Website: www.lifelinecanada.com

"If you don't chew your food, who will?" *Sign on a restaurant wall*

Boning Up On Calcium

Besides being a bone builder, calcium has other star qualities as a nutrient. Research from Harvard University published in the *Journal of the National Cancer Institute* has shown that consuming 700 milligrams of calcium daily lowers your risk of developing colon cancer.



Are you getting enough of the good stuff? One cup (250 ml) of milk contains 300 milligrams of calcium. So does 3/4 cup (175 ml) of plain yogurt and 1-1/2 ounces (45 grams) of any kind of cheese. Getting just a little more than two servings a day from any of these sources may offer protection. For people over the age of 50, upping your intake to 1,200 mg a day is recommended to ward off bone thinning.

If dairy isn't for you—or your stomach—fortified soy milk or orange juice with added calcium supplies amounts of calcium similar to milk. And a serving of canned fish with the bones (about 3/4 cup/175 mi of salmon or 3 oz 190 g of sardines) equals a cup of milk in calcium content.

To top up your food totals of calcium, pop a chewable calcium tablet or two. And don't forget your vitamin D to help boost your body's absorption.

Source: CARP Fifty-Plus Magazine
August 2002

International Conferences

May 2003

III Pan American Congress of Gerontology

April 30th to May 3rd, 2003

Sheraton Hotel at Mar del Plata
Argentina

BUSSE RESEARCH AWARDS

Dr. Isidoro Fainstein,
President S.A.G.G.

Dr. Hugo A. Schifis,
President III Pan American Congress

Dr. Miguel A. Acanfora,
Secretary

For more information, please contact:
Sociedad Argentina de Gerontología y Geriatría
E-Mail: sagg@sion.com

Vth European Congress of Gerontology

July 2 to 5, 2003

See all the information on the congress on line at <www.eriag.com/barcelona2003>

" Humor is laughing at what you haven't got when you ought to have it." *Langston Hughes*

Second World Assembly on Aging

On 12 April 2002, the Second World Assembly on Aging concluded with 159 government representatives adopting a new International Plan of Action on Aging and Political Declaration.

The Madrid Plan is the first international agreement to recognize the potential of older people to contribute to the development of their societies, and to commit governments to including aging in all social and economic development policies, including poverty reduction programmes.

The Plan:

- specifies that aging should be mainstreamed into global development agendas
- calls for the right to development for older persons
- urges governments to include older persons in national development and social policy processes (such as poverty reduction strategies and national development plans)
- contains detailed sections on growing areas of concern for older people and their families, such as poverty, HIV/AIDS, violence and abuse, access to health services, and social protection
- calls for effective collaboration and partnership between government, civil society, international agencies, and the private sector with older people and their organizations to achieve the Plan's objectives.

A key part of the accompanying Political Declaration reads: "We commit ourselves to eliminate all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security, and active participation in the economic, social, cultural, and political life of their societies. We are determined to enhance the recognition of the dignity of older persons, and to eliminate all forms of neglect, abuse, and violence."

The successful outcome of the Assembly was the result of two years of intense negotiations involving the United Nations, governments, NGOs throughout the world, professionals, and researchers.

On the last day, governments adopted the final version of the Plan and an accompanying Political Declaration, which commits them to carrying out the recommendations in the Plan.

Older voices

Older people played a key part in the preparations and events in Madrid. Their views were instrumental in shaping the Plan and Political Declaration.

Consultations with older people in 32 countries, organized by HelpAge International, identified key issues that needed to be covered by the Plan, such as discrimination, healthcare, nutrition, HIV/AIDS, contributions of older people, housing, violence and abuse, income security, and social services. The results of the consultations were published in a number of reports including *Voices of older people—from Asia-Pacific*, Older people's forum (Jamaica), Voices of older people in Sudan, *Equal treatment, equal rights*, and *State of the world's older people* 2002. These were used for lobbying before and during the Assembly, and will continue to be used to promote the implementation of the Plan.

Government statements to the Assembly mentioned the impact on their thinking of the consultations with older people and their organizations in the months leading up to the Assembly.

More than 60 older people and representatives of organizations in the HelpAge International network took part in the NGO Forum. They spoke vividly about the roles they played in their own communities, as well as their experiences of problems such as poverty, abuse, and HIV/AIDS.

About 20 countries included older people in their government delegations as expert advisors at the Assembly itself.

As well as enriching the NGO Forum and Assembly, the presence of so many older people from different countries helped to generate media interest, leading to extensive coverage of the events and issues being debated.

Nevertheless, there was a tendency in some sessions to overlook contributions from older people from developing countries, and there was a marked absence of non age-focused NGOs in the NGO Forum.

This indicates that much remains to be done to ensure that issues of aging, particularly in developing countries, are taken seriously by all organizations working in international development.

Follow-up plans

The challenge now is to ensure that governments meet the commitments made in Madrid. Regional UN commissions have been allocated responsibility for developing implementation strategies in their regions, and the UN Commission for Social Development is monitoring how governments implement the Plan.

As those who stand to be most affected, older people and their organizations have a vital role to play in getting their governments to act on the recommendations set out in the Plan, and in monitoring progress. In particular, they need to press for aging to be integrated into national poverty reduction programmes and related initiatives to achieve the Millennium Development Goals.

The Plan does not commit governments or the international community to providing additional resources for implementation. This means ensuring that resources are made available from in-country poverty reduction programmes.

Existing national or regional actions to develop policies on aging, such as the Policy Framework and Plan of Action on Aging which is due to be adopted by members of the African Union also need to incorporate and take forward the recommendations of the Plan.

The Plan at a glance:

Strengths

- Sees population aging as an "enormous potential," not a burden
- Affirms that poverty of older people must be addressed in line with the Millennium Development Goal to halve world poverty by 2015
- Emphasizes older people's rights and participation in development processes
- Covers issues of concern to older people in poorer countries

Weaknesses

- Provides no additional resources for implementation
- Lacks mechanisms for implementation and monitoring

You can see this report at the following web page: http://www.helpage.org/advocacy/governments/governments.html

By Jane Scobie, Communications Manager
HelpAge International

PO Box 32832, London N1 9ZN, UK
Tel: +44 (0)20 7278 7778
Fax: +44 (0)20 7843 1840
Email: hai@helpage.org

Source: *Intercom*, July-August 2002, Volume 9, No. 4

"Time wounds all heels."
Groucho Marx

Nova Scotia's Seniors Travel Smart, Travel Safe

Now is the season for many Canadians to make travel plans. Whether it's a quick getaway, an extended winter break, or a family visit within Canada, getting away from it all is being embraced by older Canadians. Not only are Canadians living longer, many remain in good health into their golden years and travel activity can only enhance levels of independence and well-being. Even though overall travel dropped in 2001, Statistics Canada reports "golden globetrotters" took close to 8 million trips and outside Canada spent close to 11 nights away from home.

According to experts, the biggest risk to health while traveling is not a disease from an exotic destination, but the flare-up of an existing medical condition. Travelers—especially those 55-plus—should take precautions to protect themselves. Statistics Canada also indicates 1 in 3 have a medical condition that should be managed. The Canadian Department of Foreign Affairs and International Trade advises, "If you have a pre-existing medical condition that could present a problem while you're traveling, it is wise to wear a MedicAlert® bracelet."

Halifax resident Allan Kindervater is well-travelled. He's been to Thailand, South Africa, Germany, Mexico, and many other destinations. He's used to packing a bag and heading out the door. Now when he travels, his MedicAlert bracelet travels with him. "I recently had heart surgery and am on medication that doctors need to know about in an emergency. My MedicAlert® bracelet is as vital to me as my passport," says Allan.

More than 11,000 older Nova Scotians like Allan are members of MedicAlert. Approximately 5,400 are members because of allergies, 4500 have diabetes, over 2,800 have heart problems, and 2,900 have hypertension.

"Age is the fee God charges for life." Unknown

Before leaving the comforts of home, take precautions to protect your health.

Travel safety tips

- Schedule a doctor's appointment to get any necessary vaccinations. Individuals with heart conditions should obtain a copy of their most recent Electrocardiogram (ECG).
- Get advice on health issues in the areas to be visited and be aware of local medical facilities.
- Carry enough medication to cover one week longer than the expected stay, along with an extra prescription that lists both generic and trade names of medications to facilitate refills if they are lost or stolen.
- Wear identification that details medical conditions to inform others.

"Over 400,000 Canadians 55-plus have taken the important step to ensure their medical information can be accessed from anywhere in the world. For those who travel, extra pre-planning is necessary to help prevent problems while away," says Shelagh Tippet-Fagyas, President of Canadian MedicAlert Foundation. "Our goal is to build awareness among Canadians 55-plus about ways to further ensure their safety and security."

MedicAlert provides unique health protection through customized bracelets and necklets linked to their medical records through a 24-hour hotline. In an emergency or in any medical situation, health professionals have instant access to a member's vital medical facts at anytime, from anywhere in the world in over 100 languages through the MedicAlert Emergency Hotline. Family notification at the time of emergency is also made available to members.

For more information on MedicAlert, please contact 902-443-9600.

Reach Nova Scotia Access To Justice for Nova Scotians With Disabilities

Reach Nova Scotia, in addressing the needs of our clients, has developed a program to promote employment opportunities for people living with disabilities. Reach Nova Scotia has seen a great desire by consumers with disabilities to work in a mainstream, integrated office The successes of our first year, bringing in people with disabilities and developing or polishing their skills to support them and ease their integration into the workforce, has led us naturally to this program.

Our objective is to provide a true "hands on" employment opportunity for people with disabilities who want to enter or re-enter the workforce. Our goal is to provide employment opportunities, as well as prepare and place 9 people living with disabilities, all the while developing new partnerships with the Justice and Business Communities, as employers.

The 9/4 Program invites participants, who want to return or re-enter the workplace, but lack the confidence and up to date skills, to complete 16 weeks of on-the-job-preparedness. By providing an opportunity to work for 16 weeks in an active, supportive, sensitive, and integrated workplace, committed to supporting people living with disabilities in Nova Scotia, participants will be provided unique access to the skill set and time necessary to ready them for "mainstream" employment.

Employers who partner in the 9/4 program also benefit: They can qualify to receive a wage subsidy of 50% for six months from Human Resources Development Canada. Their organization will have exposure to employment equity in their workplace. They show the community that they are supporting and promoting the hiring of people with disabilities. And they enjoy the benefits of a new employee that has already had on-the-job-preparedness.

This pilot program started in June 2001 with the support of Human Resources Development Canada and, so far, has had 9 participants go on to gain successful employment These participants and other community partners have written letters of support, which are available upon request

If you interested in The 9/4 Program as a potential participant, please contact the coordinator of The 9/4 Program, Mr Achilles Galatis, at 429-5878 or send resumes of the participant by e-mail to a_qalatis@vahoo.com or by fax to 429-5858.

Stretch to Fit

Former dance teacher Ann Smith is living proof that stretching does a body good as we age. At 74 years of age and an enviable 5'8 and 128 pounds, Smith has released her third exercise video. Entitled *Rise & Shine: An Ann Smith Video*, this latest installment of stretching exercises is based on her belief that exercise should feel good ("no pain, no gain" doesn't ring true for Smith) and be as natural and as regular as eating. Smith believes that stretching done her way can provide an aerobic workout that will make you sweat and tighten your abs.

The modified ballet and modern dance stretches concentrate on strengthening, overall toning, and improving flexibility. The seven routines—one for each day of the week—take three minutes each to do. Now, even the busiest among us has no excuse not to exercise. The video costs $19.99 and is available at Chapters bookstores across Canada and online at <www.chapters.ca>.

Source: *CARP Fifty-Plus* Magazine
August 2002

"Hope is the feeling you have that the feeling you have isn't permanent." *Jean Kerr*

Dos and Don'ts of Travel Health Insurance

***Don't** assume your provincial* health care plan is enough. "All provincial health ministries recommend that you consider other sources of coverage if you are leaving the country because provincial health coverage, in itself, usually is not adequate," states the Canadian Life and Health Insurance Association in its booklet for consumers. Your provincial plan's coverage is capped at a minimal daily maximum—at $400 for an Ontario resident, $150 for someone covered under Alberta's plan, for example. "If a hospital room is $10,000 a day in Florida or California, $400 isn't of much help," says Michael Brattman.

Don't ignore travel health insurance when travelling in Canada. Illness and accidents can happen anywhere. Even though there is a reciprocal agreement among the provinces and territories, coverage may be limited. For example, Quebec's plan covers hospital costs only, while Ontario does not cover ambulance or prescription drugs from pharmacies.

Do ask for confirmation of coverage in writing and find out about any conditions on your policy. If a company waits until you make a claim to request your medical records, you may learn too late you're not covered. Similarly, the fine print on your group policy may contain conditions of which you should be aware.

Do complete any medical disclosure forms you're asked to. Not only does leaving out details of your health leave the door open for the insurer to deny your claim, providing all the details is good way to ensure you have proper coverage at a fair price. "It's an accurate way to recall what medications you're taking, and (remembering) the last time you saw your doctor," says Brattman.

Do carry your provincial health card and your travel insurance documents, including the emergency assistance telephone number provided by your travel health insurance plan. The assistance company could be your first call when you're in an emergency, so it's important to know what services you can expect—communication with your medical provider, your own doctor and your family, as well as arranging to transfer you if necessary and dealing with billing arrangements with doctors and hospitals.

Don't wait until you have to make a claim to learn about the procedure for doing so. Review the procedure before you leave. For instance, you may have to pay costs upfront and submit the claim to the insurance company. You may need to call the assistance company within a certain time after the emergency. It's a good idea to keep all your receipts for services and submit your claim as soon as possible.

Source: *CARP Fifty Plus*
May 2002

Nova Scotia Health Network (NSHN) Reliable Health Information for Nova Scotians

The Nova Scotia Health Network is a website that provides Nova Scotians with access to quality health information.

At <www.nshealthnetwork.ca>you will find

- Health and Wellness Directory
- Articles from Medical and Health Magazines
- Locally written Health Information
- Where to find Health Books and Videos
- Link to the Canadian Health Network—www.canadian-health-network.ca
- Drug Information
- Multilingual Health Education
- Ask a Librarian—Need a question answered? Get a direct response from a professional librarian.

New! Home-based Health Care Plan

An important part of CARP's mandate is the commitment to "negotiate benefits and special offers for members." To this end, CARP worked with The McLennan Group, our long-time recommended insurance provider, to introduce HomeCare Plus, an innovative new insurance product.

HomeCare Plus is designed to help Canadians over the age of 50 maintain dignity and independence by receiving comprehensive home-based health care. If someone were to suffer an illness or injury that threatened their ability to continue living at home, provincial health plans would provide only limited coverage for home care. An industry first, *HomeCare Plus* provides extensive home care services, ranging from nursing care to assistance by a visiting personal companion.

"Research showed us that Canadians 50-plus prefer to receive care at home," says Michael Brattman, Vice-President of The McLennan Group. "The comfort of your own home can sometimes do more for your health than anything else." Once approved for coverage, you do not have to be completely disabled or critically ill to be eligible for benefits. CARP members can receive care in their own home without having to rely on family, friends, or their savings.

"We expect *HomeCare Plus* to be particularly attractive to the 50- to 75-year age group," added Brattman.

While traditional long-term care insurance provides coverage for a stay in a nursing home, *HomeCare Plus* is more affordable because the health care services provided are strictly home-based.

HomeCare Plus is the newest addition to the CARP Insurance Programs, a complete protection plan for Canadians 50-plus. The McLennan Group's program partner for *HomeCare Plus* is Liberty Health, a health insurance and benefits provider dedicated to responding to the emerging needs of Canadians.

CARP members can obtain more information by calling 1-877-551-5566

Source: *CARP Fifty-Plus* Magazine, August 2002

Masters Sports: "Sport for Life" From Age 30 to 100

The biggest gathering of masters athletes in the world happened October 5th to 13th in Melbourne, Australia, when 20,000 athletes from around the world, aged 25 to 100, assembled for the 2002 World Masters Games. They competed in 26 sports at an event that espouses the motto "Sport for Life."

Held every four years, the multi-sport World Masters Games are designed for athletes who believe sport participation has no expiry date. The only criteria to enter is that athletes meet the minimum age limit in their sport. In archery, track and field, basketball, canoeing, cycling, soccer, tennis, triathlon, and volleyball the minimum age is 30. In badminton, baseball, golf, rugby, softball, squash, table tennis, and weightlifting the minimum age is 35. Athletes compete against people of the same ability level and within five-year age groups, beginning at 30–34 and going up to 100–104.

Masters programs are available through many of Nova Scotia provincial sport organizations, including swimming, canoeing, rowing, and volleyball. Seniors, or masters level, leagues also are available in indoor and beach volleyball.

This friendly competition is for people who believe age poses no barrier to athletic activity.

In the end, sport should be about fun, socialization, and physical activity.

For more information on masters sports, call Sport Nova Scotia at (902) 425-5450 or visit the website at <www.sportnovascotia.ca> and click on the link for the sport of your choice to find out what programs are available.

Source: *Sport Quarterly Nova Scotia*
Issue 6, September 15, 2002

Nova Scotia Seniors' Photo Gallery

These are the folks that make the Photo Gallery happen!!

Left to right:

Ray Fraser, Dave Thomson, Laurie Davidson, Renate Deppe, Lew Billard, Fred Joyce, Eunice Bannerman, Jane Mayer, Kay Love.

The Photo Gallery is located in the World Trade and Convention Centre, Highland Level, 1800 Argyle Street, Halifax. The Gallery is open 7 days a week, 9:00 am–6:00 pm. Photos by persons 50+.

For further information, contact
The Senior Citizens' Secretariat, (902) 424-0065, toll-free 1-800-670-0065 or Kay Love (902) 425-5731.

"The advice your child rejected is now being given to your grandchild." Unknown

Canada Senior Games 2002

Congratulations to the Award Winners at the Canada Senior Games held in Summerside, Prince Edward Island, September 18th–21st.

Nineteen seniors from Nova Scotia participated in the games, many for the first time. The enthusiasm is running high among participants to explore the possibility of holding provincial games in Nova Scotia. A meeting will be organized by the Senior Citizens' Secretariat and the Sport and Recreation Commission early in 2003.

The winners include:
Gold medals for 70+ lawn bowling to Alfred Cunningham (Bridgetown) and Allister MacPherson (Halifax)

Gold medal for 75+ golf low net to Eanis Collins (Amherst)

Silver medals for double darts to Cathy Pettis (Amherst) and Kaye Pettigrew (Amherst)

Bronze medal for 8 ball pool to Eddie Thimot (Digby)

Bronze medal for single darts to Kaye Pettigrew (Amherst)

What's new from the Division of Aging and Seniors, Health Canada?

Canadian Coalition for Seniors' Mental Health

The nursing home is today's mental institution: some two-thirds of residents have some form of dementia and between 15 per cent and 25 per cent have symptoms of major depression, with another 25 per cent showing less severe depressive symptoms. Despite the clear need, mental health services in longterm care settings are very limited: for example, in Ontario, 88 per cent of nursing homes receive 5 hours or less per month of psychiatric care for the entire institution. (For references, see: Conn, D. (2002). The Canadian Coalition for Seniors' Mental Health: focusing on long-term care. Journal of Geriatric Care, 1(3),1–2.).

Prompted by this glaring care gap, the Canadian Academy of Geriatric Psychiatry formed a partnership with Health Canada and 10 other national NGOs, including CAG, to organize a national symposium to identify and mobilize action on the issue. The "Canadian Invitational Symposium on Gaps in Mental Health Services for Seniors in Long Term-Care Facilities," held in Toronto April 28-29, 2002, attracted representatives from over 65 organizations, including national and provincial associations, government policymakers, service providers, consumers, researchers, and private industry. The main outcome was the creation of the Canadian Coalition for Seniors Mental Health. While the scope of the Coalition's concern includes mental health promotion and care in the community and institutions, the first priority is the care of seniors in long-term care. Several strategic initiatives were identified including: assessment, care and treatment, advocacy, research, education, supporting family caregivers and professional recruitment. A first step is to create a durable coalition infrastructure with the support of private industry and other funding. The first "product" will be an inventory of educational materials for front-line service providers in long-term care. For more information contact the project director,

Shelly Haber (416) 781-2886 or
<s.haber@sympatico.ca >.

Division of Aging and Seniors,
Address locator
1908A1, Tunney's Pasture,
Ottawa, Ontario K1A 1B4
Tel: (613) 952-7606
Fax: (613) 957-9938
E-mail: seniors@hc-sc.gc.ca
Internet: http://www.hc-sc.gc.ca/seniors-aines
Source: *Canadian Association on Gerontology Newsletter*

September 2002, Vol. 28, No. 3

Community ACCESS-ability Program

The Community ACCESS-ability Program has been running smoothly since May 2000. This is the third year of grant approvals in this four-year, $1.2 million program. Fifty facilities across the province have become more accessible, including community and church halls, public libraries, and cultural facilities. Funding has been allocated for this fiscal year and the next deadline for applications is March 31, 2003.

For a complete list of the 139 projects funded since May 2000 visit Service Nova Scotia and Municipal Relations at <www.gov.ns.ca/snsmr> and follow the links to the Community ACCESS-ability Program.

For further information, contact:
Tel: (902) 424-7798
Fax: (902) 424-0821
E-mail: kramslan@gov.ns.ca

"Aging seems to be the only available way to live a long time."
Unknown

Report on Usability of Selected Products, Services, or Environments by Older Adults

CSA Pilot Consumer Network on Aging Issues Survey, May, 2002

CSA Consumer Services conducted a survey of its Pilot Consumer Network on Aging Issues. The results of this survey will be used to help CSA identify products, services, and environments that limit older adults' activities and to prioritize their involvement in standardization activities related to Canada's aging population. Following is a brief summary of the results of the survey:

76% of respondents identified household appliances that are difficult for older adults to use

85% of respondents agreed that residential housing presents barriers for older adults

85% of respondents identified services that are difficult for older adults to use

58% claimed that older adults' independence was affected by barriers presented by household appliances

73% felt that independence was affected by barriers in the home environment

85% felt that independence was affected by barriers presented by particular services

66% of respondents identified household appliances that present safety hazards for older adults

85% identified barriers in the home environment that affect seniors' safety

55% were concerned with safety hazards posed by service delivery

73% of respondents believed that barriers in the home environment can be reduced or eliminated

85% believe the access or usability of services can be improved

Canadian Institution of Health Research

The CIHR Institute of Aging will support research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging.

Research areas include, but are not limited to the following:

- long-term health promotion policies and strategies (individual, community, and population levels)
- health determinants—to elucidate the multi-dimensional factors that affect the health of aging populations and lead to a differential prevalence of health concerns
- identification of health advantage and health risk factors related to the interaction of environments over a life-time (cultural, social, psychological, behavioural, physical, genetic)
- application of knowledge regarding health advantage and health risk factor to prevent or postpone functional disability
- disease, injury , and disability prevention (or postponement) strategies at the individual and population levels
- demography and epidemiology: identification of determinants of health status of a population later in life and potential impacts on health services for forward planning
- factors which enable the elderly to remain independent: e.g. community characteristics, housing, transportation, volunteers
- geriatrics research: best practice research on care of the elderly (e.g. service delivery, co-morbidity, medication use and misuse, iatrogenic problems, rehabilitation, palliation)
- aging related disorders and disability (e.g. neurodegenerative disorders, cognitive decline, reduced mobility)

- development and implementation of health technologies and tools (e.g. biomaterials, drug delivery systems, mobility aides, communications devices)
- mechanisms of aging: molecular, genetic, cellular, tissue, organ, systems, and whole organism approaches
- ethics issues related to research, care strategies, and access to care (e.g. access to technologies, life extension, client decision-making, informed consent)

For further information, contact:
410 Laurier Avenue W., 9th FloorAddress Locator
4209A Ottawa ON K1A 0W9
Tel:1-888-603-4178or 613 941 2672
Fax: 613 954 1800
E-mail: info@cihr-irsc.gc.ca
Web-site: www.cihr.gc.ca

Governments Announce Project to Help Older Workers in Nova Scotia Education

October 8, 2002

A new pilot project will look at ways to retain older workers in the health-care sector in Nova Scotia.

Education Minister Jane Purves and Robert Thibault, Minister of Fisheries and Oceans on behalf of Jane Stewart, Minister of Human Resources Development Canada, announced the pilot project today, October 8. The project will help long-term-care facilities in Nova Scotia find ways of meeting health-care sector needs with older workers.

The project will be run by the Health Care Human Resource Sector Council, the Nova Scotia Centre on Aging and the Centre for Women in Business, and will receive federal funding of $82,500.

"Experienced workers can make a big difference in industries that are having trouble finding and retaining qualified people," said Ms. Purves.

"We're taking a comprehensive look at addressing skills shortages in the work force with our Skills Nova Scotia Initiative. This pilot will help to address a need in the long-term care industry and give us useful insights that we can apply elsewhere.

The goal of this pilot project, titled Human Resource Planning in Facility-Based Care, is to develop a tool kit that will support long-term-care facilities throughout the province in human resource planning. This includes training and different ways of organizing work responsibilities for employees over the age of 55.

"The support for this project is a tangible example of the government of Canada's commitment to help organizations that wish to help older workers, said Mr. Thibault. "This initiative will determine best practices in helping older workers and measure the effectiveness of the tools developed."

The planning package was developed by the health-care sector to improve planning and to help close the skills gap in the long-term-care industry. Activities will include conducting an industry roundtable discussion, identifying participating facilities in the region and developing and delivering training materials for employers and workers.

Funding for older workers pilot projects comes from a $30 million initiative announced in June 1999. Under the Nova Scotia Agreement on Older Workers, the federal government will pay up to $831,883 and the province up to $372,400, for a total of $1,204,283. This is the third project funded under the agreement.

Through the Forum of Labour Market Ministers, the government of Canada and the provincial and territorial governments have committed to work together to resolve common labour-market issues. Together, they set the parameters for this older workers initiative. The provincial and territorial governments oversee the sponsors of the projects selected. Funding for the projects is provided by the federal government, the provinces, and participating territories.

What You Should Know About B Vitamins and Heart Disease

B vitamins recently took front and centre stage in the battle against heart disease.

Study #1 Researchers found that taking folic acid, vitamin B-12, and vitamin B-6 helped prevent the common problem of restenosis (blockages) of arteries after angioplasty.

In a group of people taking a placebo, over 37% had restenosis, with only about 19% of those taking the B vitamins developed repeat blockage of their arteries.

Study #2 A small group of people with coronary artery disease showed that treatment with statin drugs plus high-dose niacin (vitamin B-3) reduced their heart attack risk by 70%.

It's long been known that statin drugs can slow heart disease progression. But adding niacin actually helps to reverse the disease process.

Interestingly, adding antioxidant vitamins C, E, beta carotene, and selenium to the mix decreased the beneficial effect of the statins and niacin.

Both statin drugs and niacin need to be taken under a doctor's close supervision.

Source: *New England Journal of Medicine*
Vol. 345, Pgs. 1583–99

Fiber and Cholesterol

If your LDL cholesterol levels are too high (i.e., 160 or higher), you might try supplementing your diet with psyllium husks - a great source of non-soluble fiber.

In one eight-week study where people consumed psyllium in the "usual laxative dose," LDL cholesterol levels dropped an average of nearly 7%.

Psyllium is found in over-the-counter fiber supplements (such as Metamucil).

Source: *American Journal of Clinical Nutrition*
Vol. 71, Pg. 472

Vitamins for Your Eyes?

If you have been diagnosed with age-related macular degeneration, the leading cause of blindness in older Americans, ask your doctor if you would be a good candidate for taking vitamin supplements.

People with "intermediate disease" who took 500 mg of vitamin C, 400 IUs of vitamin E, 15 mg of beta-carotene, 80 mg zinc, and 2 mg of copper reduced their risk of developing advanced disease by about 25%.

Researchers found, however, that people with early-stage macular degeneration did not benefit from taking the vitamins. And neither did people with cataracts.

Source: *Archives of Ophthalmology*
Vol. 119, Pg. 1417

Grandparent?

Each year, about 50 American children died from poison-related accidents. Another 140,000 or so are seen in hospital emergency departments for treatment.

Interestingly, 20% of childhood poisonings involve medicines that belong to the grandparents or great-grandparents.

There are several problems: 1) child-resistant packaging is not necessarily child-proof. In tests, at least 15% of youngsters can open "child-resistant" lids; 2) grandparents either request their pharmacists to put easy-open lids on their medications, or they transfer their medications to easy-open containers; 3) grandparents, not being used to having children around, often leave their medications on countertops, and in pockets and purses.

Source: U.S. Consumer Product Safety Commission

"When angry, count to 10 before you speak. If very angry, a hundred." *Thomas Jefferson*

Bug Off!

Experts agree: The most effective insect repellent is one that contains DEET.

However, DEET can irritate the skin, and is potentially toxic if not used properly.

If you want a natural insect remedy—albeit a slightly less effective one—there are a number of natural insect repellents on the market. Many contain the anti-bug compound citronella.

If you use DEET...

- Read and follow label instructions. Avoid using too much, or using it too often.
- Use a product with a 10% to 35% DEET concentration. This gives you protection under most conditions. Higher concentrations can cause skin irritation.
- For children, don't use more than a 10% DEET concentration.
- Don't spray repellent directly on the face. Spray into your hands, and then apply.
- But don't apply DEET to children's hands, since they often put their hands into their mouths.
- Don't apply over cuts, wounds, or irritated skin.
- Don't use under clothing
- Don't spray DEET-containing repellents in enclosed area.
- When you come indoors, wash treated skin with soap and water.

Source: Environmental Protection Agency

Doc Talk

Stephen R. Yarnall, MD

Q. I read that two or three eggs a week are not likely to raise blood cholesterol levels. Is this true?

A. Yes. Two or three eggs a week are unlikely to raise LDL ("bad") cholesterol. In fact, in some people, there may actually be an improvement in the HDL ("good") to LDL ("bad ") cholesterol ratio when eating an egg a day.

By way of explanation, the liver makes over 200 mg of cholesterol each day—about the amount in one egg yolk. So when eggs are eaten, the liver usually just makes less cholesterol to compensate.

Also, the lecithin found in egg yolks may help reduce the amount of cholesterol the intestine absorbs.

This is how it works in most people. But every person is an individual, and trying to apply group statistics to you might not be a good idea. Although eggs can be a healthy addition to most people's diets, there are some out there for whom three or more eggs a week might not be a good idea.

To find out if eggs are "good" for you, conduct a test on yourself. Have your cholesterol checked, then eat as many eggs as you want for several weeks. Then have your cholesterol checked again. What has happened to your cholesterol numbers?

If eggs don't raise your LDL cholesterol, enjoy a few a week. They are a quality source of protein, and are rich in nutrients like vitamins B-2 (riboflavin), B-6, and B-12, vitamm K, and lutein.

Source: *Looking Forward*
The Heart Hope Institute, Vol. 15, No. 4, Summer 2002

What You Should Know About Urinary Tract Infections

Most urinary tract infections (UTIs) are caused by intestinal bacteria that travel up through the urethra (the tube the urine flows through) and into the bladder.

If the bladder's normal defense mechanisms aren't working well, the bacteria can grow and cause infection.

- For a woman, the more sexually active she is, the higher her risk of getting a UTI. That's because intercourse can encourage the migration of bacteria into the urethra and bladder.

  Spermicides may also play a role in infection by weakening disease-fighting bacteria.
- Other risk factors: antibiotic use, low estrogen levels (e.g., menopause), pregnancy, urological abnormalities, injury to the bladder lining, and/or dehydration.
- Men who have prostate problems are more likely to get UTIs.
- Urination is the bladder's most important defense mechanism. It helps wash bacteria out of the bladder and urethra.

Prevention

- Drink six to eight glasses of fluids a day to dilute the urine and lower the bacterial count.
- Cranberry juice or supplements may also be a good prevention strategy (as well as a treatment option).
- Urinate frequently and completely.
- Drink water before and after having sexual intercourse. This helps you void more urine and may help wash out harmful bacteria from the bladder and urethra.

Women Only

- Women should wipe from front to back—especially after a bowel movement. This helps keep intestinal bacteria (E. coli) in the stool away from the urethra.
- Increase the amount of "good" bacteria in your body by eating yogurt, drinking buttermilk, or taking acidophilus supplements.

Sources: *Journal of Infectious Diseases*, Vol. 182, No.4; Dr. Kristene Whitmore, Clinical Associate Professor of Urology, University of Pennsylvania

Preventing Strokes

Eating fish two to four times a week can cut the risk of ischemic stroke by up to 48%, according to a 14-year study of 80,000 nurses.

The omega-3 fatty acids found in certain fatty fish like salmon, mackerel, and sardines are given credit for helping to prevent the blood clots that cause this type of stroke.

Source: *Journal of the American Medical Association*, Vol. 285, Pg. 304

Dry Eyes

Postmenopausal women who use estrogen alone appear to be 69% more likely to have dry-eye syndrome than their peers who have never used estrogen.

The longer a woman takes estrogen, the higher her risk.

Women who use both estrogen and progestogen, however, are only 29% more likely to have problems with dry eyes.

Source: *Journal of the American Medical Association*, Vol. 286, Pg. 2114

Increased Priority Accorded to Indigenous People

New York: Representatives of 172 indigenous nations, organizations, groups, and other entities from around the world met in New York in May for the first session of the Permanent Forum on Indigenous Issues. The meetings included governments, non-governmental organizations (NGOs), and academia.

Established in 2000 by the UN's Economic and Social Council, the Forum, which is composed of 16 independent experts, is mandated to discuss indigenous issues relating to economic and social development, culture, the environment, education, health, and human rights.

Secretary-General Kofi Annan addressed the closing meeting, "In a relatively short time, indigenous peoples have covered considerable ground, but of course there is a great distance still to be traveled."

Praising the diversity of indigenous peoples, and the "deep and abiding reverence for the natural world" which many shared, the Secretary-General paid tribute to their collective wisdom. "Among the traditions I find particularly powerful is the respect given to elders as carriers of wisdom, to women as carriers of language and culture, and to children as carriers of the identity that is transmitted to future generations," he said.

Noting that one out of every 20 people is indigenous, the Secretary-General voiced confidence that as members of the UN family, they would make "an immense contribution to the Organization's mission of peace and progress." Briefing reporters on the work of the session, the Forum's Chairman, Ole Henrik Magga of Norway, stressed the need for a permanent secretariat to support the new body's work, and voiced hope that the Economic and Social Council would establish it this summer.

Remarks of the Secretary-General to the closing meeting of the first session of the Permanent Forum on Indigenous Issues are available at the following website: <www.un.org/News/Press/docs/2002/sgsm8249.doc.htm>.

Source: *Intercom*, June 2002, Vol. 9, No. 3

United Nations

"Older people strengthen cohesion in the families"

Declaration of the UN Secretary General Kofi Annan on the Occasion of the International Day of Families

The 15th of May—International Day of Families—this year was placed under the motto *"Family and ageing opportunities and challenges."* In his declaration, Secretary General Kofi Annan pointed out, among other things, that in view of the challenges of demographic changes, globalization, migration and economic change, the efforts to create a society for all ages must be intensified. In those efforts the family must be seen as point of departure, as it plays a decisive role for socialization and education of the younger generations as well as for the care and assistance for older persons. By helping the families in promoting their older members' active participation in society and development, we could ensure that the older persons' precious potential of experience could be used and that they have the opportunity to lifelong learning, that solidarity between the generations be strengthened and the discrimination of older people be combated. In particular, we must recognize that older people's wisdom and experience is the genuine "security net" for the families as well as for society. Older people are the mediators between past, presence and future. They enrich the lives of the younger generations and are indispensable for the cohesion in families.

Source: *Intercom*, June 2002 Vol. 9, No. 3

Community Resources: Indispensable for Caregivers

After our mother was diagnosed with Alzheimer's Disease at age 82, my siblings and I gathered to discuss her long-term care at home. We educated ourselves about the disease through the Alzheimer Society of Nova Scotia and the local Women's Center resources, and adapted to her care as needed. We became intensely involved as 24-hour shifts became essential and learned the absolute importance of communicating amongst ourselves and with the health care professionals.

Keeping our mother living at home and stimulated were key components of her care. Visits to and from community residents, family, friends, and our local priest became a new lifestyle.

Respite care offered through Home Support was of critical importance, providing our family with the choice of caring for our mother in her own home and with some free time to the family members who were her primary caregivers. Our request for a consistent worker was accommodated and Mom was able to build a relationship with the worker. However, the 8 hours per week allotted was far from enough, making it all the more evident that professionals who do the home assessments must evaluate the needs of the caregivers in addition to those of the care receivers!

Our family is proactive and communicative and we constantly identified what we needed during this stressful time. We learned that what we had to do was ask for it and help was generally at hand. In order for us to succeed as a family to care for Mom at home, we needed the full support of every family member—daughters and sons. Due to personal family and work obligations, it was often a challenge to work out the schedule that accommodated our mother's needs and was also fair to everyone else. It was imperative that this responsibility we had accepted be shared by all members of our family.

Our mother's doctor and the staff welcomed our family to our local hospital in the last week of her life, offering her the medical support and comfort she needed to ensure a serene death. When she died at the age of 86, we consoled each other with a sense of joy in our hearts, taking pride in what we had accomplished. Working together we had presented our mother with the beautiful gift of living and dying with dignity.

By: Janice Christie, Nova Scotia

Source: *A Caring Voice, Canadian Caregiver Coalition Newsletter*, Summer 2002

Your Eyes and HRT

New research suggests that taking estrogen after menopause could greatly reduce a woman's risk of ever having cataracts.

In one study, women who used estrogen for 10 or more years were 60% less likely to develop a cloudy lens in their eye.

And there may be other advantages to hormone replacement therapy as well (although some of these issues still are being hotly debated). It may reduce the risk of heart disease and osteoporosis, and it may help protect your brain (and memory).

But the disadvantages of hormone replacement must also be reckoned with: the risk of breast and, possibly, ovarian cancers.

Bottom line: Whether or not to take hormones remains a highly personal decision.

Talk to your doctor. Consider your health risks, as well as your degree of menopausal discomfort.

Source: *Archives of Internal Medicine*, Vol. 161, Pg. 1448

Canadian Home Care Human Resource Study

This exciting initiative will provide an in-depth analysis of the short-and long-term human resource issues and challenges facing the home care sector in Canada. It will serve as the basis for strategic and coordinated action by the sector. The two-year study will identify the needs of formal caregivers, analyze the fundamental role informal caregivers play, and assess the role of voluntary caregivers in home care. For the purpose of the study, the term informal caregiver is used and includes family caregivers.

Launched in September 2000 and with the support of Human Resources Development Canada and Health Canada, a 40-member steering committee representing profit and not-for-profit providers, professional associations, unions, the education community, researchers, consumer groups, and provincial and federal governments was established to provide guidance and direction throughout the study.

For the purposes of the study, the home care sector is defined as an array of formal paid, informal, and voluntary care giving services that enable an individual requiring support to live and participate in society outside an acute or long-term setting. The analysis will cover occupations comprising of both the regulated and non-regulated, paid (both employed and self-employed), and non-paid workforce.

The research is structured into three phases. Phase I assesses the current and future state of the home care sector identifying the implications to the sector's human resources. Phase II primarily focuses on the human resources environment. A human resource profile, examination of trends and changes and an assessment of the current and future training requirements will be key deliverables. The final phase concludes the research by summarizing the human resource issues and proposing the necessary actions to address these challenges.

A final report is expected for December 2002. Phase I of the study has been completed. You can obtain a copy of the Highlights Summary report on our web site at <www.homecarestudy.ca>. The detailed Phase I report will be available at a later date. The research work planned for Phase II is currently underway. A series of focus groups and key informant interviews will be completed across the country. An informal and formal caregiver survey will also be used to collect data on a number of human resource issues.

By: Christine Daprat, Canadian Association for Community Care

Source: *A Caring Voice*, Canadian Caregiver Coalition Newsletter Summer 2002

Take Action

Hold up a $20 bill and ask the people in the room, "Who wants this?"

After a few people raise their hands or shout out, ask the question again: "Who really wants this?" (Hands may start to wave a little higher or harder, and a few more shouts may be heard.)

Then wait until somebody stands up, walks over to you, and takes the money out of your hand.

The point is that while many people may have wanted the $20, only the person who took action got the desired result.

Source: Adapted from *Bits & Pieces*, by Rob Gilbert, PhD

Caregiver?

If you are a caregiver, you know it can be stressful at times. And stress is often accompanied by high blood pressure.

But it's possible to get a handle on that stress—and the blood pressure spikes that come with it—simply by making time for some brisk exercise every day.

In a study of 100 women caregivers, those who exercised four to five hours a week not only were able to keep blood pressures at an even keel, but they also said they slept better. Most just walked.

Source: *Journal of Gerontology: Medical Sciences*, Vol. 57A, Pg. M26

Creating Internet Resources for Seniors

Seniors are challenging the image that only the young are cruising the Information Highway. Statistics Canada reports, "Internet use is growing fastest among those aged 60 and over, particularly women—more older women (43%) than men (25%) began using the Internet within the previous 12 months." With baby boomers fast approaching their senior years, the demand for information on seniors' issues will only increase. Of the seniors already using the Net, nearly 40% are looking for health and medical information. This interest has made the Seniors' Health Centre one of the top seven sites on the Canadian Health Network (CHN).

Seniors may be keen to surf the Web, but they have special needs to make sure their ride is smooth. When developing Internet resources for seniors consider the following to increase their accessibility:

- Plain and simple language
- Larger Font
- Easy electronic access (3 or less clicks of the mouse to get to resource)
- Little or no scrolling of document
- Canadian-oriented content
- Easy electronic access to seniors-related services
- Require no plug-ins (such as PDF readers, Shockwave, etc.)
- No advertisements
- Does not link to sites that have spelling/grammar errors
- Can link to Seniors-related information to Canadian government sites (Provincial/Territorial/Municipal)
- Can link to Seniors supporting community service organizations
- All links need to work correctly (broken links are to be avoided)
- Availability in both official languages is recommended

Looking forward to seeing your "e-friendly for seniors" resources.

Source: Canadian Association on Gerontology

Appointments

Dr. David B. Hogan has been appointed the Chair of the Specialty Committee in Geriatric Medicine of the Royal College of Physicians and Surgeons of Canada. His term will commence on October 1, 2002 and will end on September 30, 2004. Dr. Hogan will be taking over from Dr. Barry Goldlist who provided exemplary leadership to the Committee during his tenure as Chair.

"All say how hard it is that we have to die—a strange complaint to come from the mouths of people who have had to live." *Mark Twain*

75 Years of Helping Canadians

This year marks the 75th anniversary of public pensions in Canada. In 1927, the government of Prime Minister Mackenzie King made social history by passing the *Old Age Pensions Act*, the first legislation to provide widespread public pensions and the first step toward reducing poverty among seniors. Almost all of today's seniors receive some income from the two major public pension programs—Old Age Security (OAS) and the Canada Pension Plan (CPP)—and, in Quebec, the Quebec Pension Plan (QPP).

The prevailing attitude of the early 1900's was that it wasn't up to the central government to support its citizens in need. With the First World War came a gradual shift in attitude. The world was a different place—and Canada was no exception. People were migrating into cities to take jobs in factories and to support the new industries that were taking over the economy. And they were living longer—at a time when mechanization was eliminating many jobs, often those done by older workers. More and more seniors were ending their lives in "the poorhouse." Pensions introduced for the survivors of Canadian soldiers killed in the war, and for those who returned with disabilities were seen as their due—they carried no shame. Many people believed that elder Canadian workers also deserved recognition for their years of toil in developing our young country—and some degree of compensation. Eventually, this led to a consensus of all political parties, and the government was able to pass the *Old Age Pensions Act* in 1927. The first pension recipients got $240 per year (the equivalent of about $2,500 in today's dollars), it was available only to British subjects aged 70 or over who had lived in Canada for 20 years, and they had to pass a means test to get it. But it was a start.

The economy flourished after the second world war, but inflation devalued the pensions of seniors. Haunted by memories of the Great Depression and disturbed by the gap between the prosperous and the poor, Canadian social reformers called for a better pension system—one that would protect *everyone* from extreme poverty. Unemployment Insurance and Family Allowances were introduced in the 1940s, Medicare developed over the 50s and 60s. In 1952, Prime Minister Louis Saint-Laurent established Canada's first *universal* pension, Old Age Security (OAS). The maximum payment was $480 per year, it was available to Canadians aged 70 and over who had lived in Canada for 20 years, and there was no means test.

Demand was growing for a public pension to supplement the OAS, one that was "portable" from job to job and that protected families against the death or disability of workers. The birth of the Canada Pension Plan (and in Quebec, the Quebec Pension Plan) in 1966, under Prime Minister Lester B. Pearson, was the answer. They provided tax-paying workers in Canada with an employment-based pension plan. Over the next 5 years, the eligibility age for both the OAS and CPP (QPP) was lowered to 65. In 1967 The Guaranteed Income Supplement was "temporarily" introduced to the OAS to help those with low incomes who retired before they could benefit from the new CPP. The GIS eventually became permanent, the Spouse's Allowance and Widowed Spouse's Allowance were introduced in 1975 to provide additional help to women, low-income seniors, persons with disabilities and Aboriginal peoples. Benefits were extended in 2000 to opposite-sex and same-sex common law partners.

Today over 20 million Canadians benefit from or contribute to our public pension system. These programs provide the *only* source of income for more than a quarter of the senior population. These programs continue to evolve and change to meet the challenge of fewer contributors and more beneficiaries. One of the strengths of the Canadian pension system is that it extends risk and responsibility across three levels—governments, employers, and individuals all have roles to play.

Source: Human Resources Development Canada. *Public Pensions: 75 years of helping Canadians, 1927-2002*. HRDC 2002.
Human Resources Development Canada. *Overview: Old Age Security, Canada Pension Plan*. HRDC, 2001.

Update on Legacy Project - International Year of Older Persons

Readers will recall 1999 was the *International Year of Older Persons*. During that year a classroom resource was developed for Nova Scotia teachers of pre-school and grades 3, 6, and 9. It was developed by the Nova Scotia Planning Committee for the *International Year of Older Persons* in consultation with the Nova Scotia Department of Education. Each booklet includes activities and resources that foster understanding of the aging process and appreciation for the needs and contributions of older persons. At each age level, the theme of "Growing Up, Growing Older" is introduced from a different perspective:

Pre-school: Growing and Changing

Grade 3: Generations

Grade 6: Senior Friendly Communities

Grade 9: Aging as a Natural and Positive Aspect of Life

This series of four booklets was designed as a resource to complement the new Health Education Curriculum for Grades 3 and 6 and the Health/Personal Development and Personal Relationships Curriculum for Grades 7 to 9.

In September 2002, the Department will began implementation of new curriculum for health education grades 4–6. Related resources, including *Drawing The Line: A resource for the prevention of problem gambling*, developed in partnership with the Nova Scotia Department of Health Problem Gambling Services, and *Growing Up, Growing Older: A classroom resource for promoting intergenerational understanding*, developed in partnership with the Nova Scotia Senior Citizens' Secretariat, was also implemented. In consultation with health community partners, the *Health/Personal Development and Relationships: Grades 7–9* program was revised to strengthen the health education component; learning resources will be identified to support implementation of the new curriculum in 2003–04.

Source: Department of Education Business Plan 2002–03